

ACT Use Only

## The ACT for Tennessee Statewide Test Test Supervisor Profile—2009

ACT, Inc., PO Box 4071, Iowa City, IA 52243-4071  
Telephone: 800/553-6244 x2800 Fax: 319/337-1019

**High School Name:** \_\_\_\_\_ **City:** \_\_\_\_\_, TN

**DIRECTIONS FOR THE ACT TEST SUPERVISOR:** To establish your school as a test site and your appointment as Test Supervisor, please review and complete the required information, provide the required signatures, **make a copy for your files**, and return both pages of the original form in the enclosed envelope or via fax.

**RETURN BOTH PAGES OF THIS COMPLETED FORM TO ACT BY OCTOBER 31, 2008**

### SECURE STORAGE

The secure storage must meet ACT's standards. Materials must be stored in a locked, secure area, such as a vault or non-portable locked cabinet within a locked, limited-access room. Describe the secure, locked storage facility where test materials will be stored at all times while in your possession. Attach a separate sheet if additional space is needed.

Description (e.g., locked cabinet): \_\_\_\_\_

\_\_\_\_\_

Location (e.g., locked office): \_\_\_\_\_

\_\_\_\_\_

Who has keys to the locked storage? (list names/titles)

\_\_\_\_\_

\_\_\_\_\_

What else is this location used for? \_\_\_\_\_

\_\_\_\_\_

Name and title of person responsible for this location:

\_\_\_\_\_

### TESTING FACILITIES

Review the items listed in the "Facilities" section of the "Standard Testing Requirements." Classrooms of 25-30 examinees are preferred. If large rooms must be used, it is best to seat no more than 100 examinees in one room, if possible. If you plan to test more than 100 examinees in one room, please contact ACT Test Administration for guidance. All examinees in a room must face the **SAME** direction and must be seated a *minimum* of 3 feet apart side-to-side and front-to-back (5 feet apart if multiple-level seating). This means only one examinee may be seated at a round table of any size and only two examinees may be seated at an 8-foot table (along only one side). If 6-foot tables are used, two examinees may be seated at each table only if the tables are 3 feet apart.

### TESTING FACILITIES (cont'd)

Check the type(s) of rooms you plan to use for the ACT.

- ☐ Classroom(s) - desks with full-sized writing surface
- ☐ Classroom(s) - desks with side arm writing surface
- ☐ Classroom(s) - tables \_\_\_\_\_ ft X \_\_\_\_\_ ft
- ☐ Cafeteria - size of table: \_\_\_\_\_ ft X \_\_\_\_\_ ft
- ☐ Auditorium or lecture hall - Describe the arrangement of room (e.g., multiple-level or single-level, style and size of writing surface, fixed seats or moveable, etc.). **Lapboards that must be balanced on examinee legs are not allowed; temporary surfaces that rest on the chair arms or the back of the row in front may be used only after consultation and approval by ACT.**

- ☐ Other (please describe in detail)

### TESTING ARRANGEMENTS

The tests must be administered in an area separated from regular school activities, and testing must be uninterrupted (i.e., bells turned off, no public announcements). Describe your preliminary arrangements.

- ☐ Check here only if you plan to apply for off-site testing and will be testing at a location **OTHER THAN** your school. Proposals must be submitted to ACT by December 12, 2008. The proposal form may be downloaded from <http://www.state.tn.us/education/assessment/ACTtesting.shtml>

**ACT TEST SUPERVISOR INFORMATION** (must complete and sign agreement)

One individual at the school will serve as the Test Supervisor for testing. This individual may also be the appointed Test Accommodations Coordinator, or a different staff member. The individual must meet **ALL** of the qualifications and agree to the responsibilities listed on the Test Supervisor and Back-up Test Supervisor Qualifications and Responsibilities form (a copy of which is enclosed with this form).

**Contact Information for 2009**  
(please print):

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

School Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

(be sure to include an extension, if applicable)

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

(optional, used for follow up on missing test materials, if needed)

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**School Shipping Address** for Receipt of Test Materials  
(do NOT enter a PO Box address):

Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

**School Mailing Address** (if different than shipping address):

Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Highest Education Level/Degree Attained (check one):

☐ High School☐ Master's☐ Associate☐ Doctorate☐ Bachelor's☐ Professional

Current Job Responsibilities (check all that apply):

☐ Teaching☐ Academic Administration☐ Athletic Coaching☐ Clerical Support☐ Counseling/Advising☐ Standardized Testing☐ Test Preparation Classes☐ Other \_\_\_\_\_Prior Standardized Testing Experience (check all that apply):☐ Primary/Secondary School Assessments☐ College Admissions/Assessments☐ Professional/Graduate School Admissions☐ Professional Certification/Licensure☐ Computer-Based Testing

Total number of years testing experience: \_\_\_\_\_

List the standardized examinations you have administered most recently and the year(s) of administration. Circle your position (TS=test supervisor, RS=room supervisor, P=proctor).

Name of Examination	Year(s)	Position Held
_____	_____	TS RS P
_____	_____	TS RS P
_____	_____	TS RS P

Number of test administrations you conduct per year:

☐ 1 - 2 ☐ 3 - 5 ☐ 6 - 10 ☐ More than 10**2009 TEST SUPERVISOR'S AGREEMENT**

I certify that I meet the required qualifications and will personally carry out the responsibilities of ACT Test Supervisor at this school for 2009. I agree to take all steps necessary to arrange for appropriate testing facilities and test material security. I also agree to provide test administration services in accordance with all policies and procedures. I understand and agree that during my term as supervisor, neither I nor any member of my testing staff will engage in any ACT test preparation activities beyond our specifically defined school responsibilities. I agree to read and comply with all ACT test administration policies (a summary of which is enclosed with this form), including all those listed in the *Supervisor's Manual of Instructions for State Testing*.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Please return this form via fax to 319/337-1019 by October 31, 2008, or use the enclosed postage-paid envelope.  
Keep a copy for your records. Thank you.